



Application No. (if known): 09/577,386

Attorney Docket No.: 66729/P017US/10405597

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TRANSMITTAL OF APPEAL BRIEF

Docket No.
66729/P017US/10405597

In re Application of: Mark Lesswing et al.

Application No.
09/577,386-Conf. #3851Filing Date
May 23, 2000Examiner
V. FrenelGroup Art Unit
3626Invention: NOVEL METHOD AND APPARATUS FOR REPRICING A REIMBURSEMENT CLAIM
AGAINST A CONTRACTTO THE COMMISSIONER OF PATENTS:Transmitted herewith is the Appeal Brief in this application, with respect to the Notice of Appeal
filed: August 28, 2006The fee for filing this Appeal Brief is \$ 500.00☒ Large Entity ☐ Small Entity☐ A petition for extension of time is also enclosed.

The fee for the extension of time is _____

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Docket No.: 66729/P017US/10405597
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Mark Lesswing et al.

Application No.: 09/577,386

Confirmation No.: 3851

Filed: May 23, 2000

Art Unit: 3626

For: NOVEL METHOD AND APPARATUS FOR
REPRICING A REIMBURSEMENT CLAIM
AGAINST A CONTRACT

Examiner: V. Frenel

APPEAL BRIEF

MS Appeal Brief - Patents
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

11/01/2006 HDEMESS1 00000003 503948 09577386
01 FC:1402 500.00 DA

Dear Sir:

As required under § 41.37(a), this brief is filed within two months of the Notice of Appeal filed in this case on August 28, 2006, and is in furtherance of said Notice of Appeal.

The fees required under § 41.20(b)(2) are dealt with in the accompanying TRANSMITTAL OF APPEAL BRIEF. This brief contains items under the following headings as required by 37 C.F.R. § 41.37 and M.P.E.P. § 1206:

- I. Real Party In Interest
- II. Related Appeals and Interferences
- III. Status of Claims
- IV. Status of Amendments
- V. Summary of Claimed Subject Matter
- VI. Grounds of Rejection to be Reviewed on Appeal
- VII. Argument
- VIII. Claims Appendix
- IX. Evidence Appendix

X. Related Proceedings Appendix

I. REAL PARTY IN INTEREST

The real party in interest for this appeal is:

The TriZetto Group, Inc., a Corporation organized under and pursuant to the laws of Delaware having its principal place of business at 6061 South Willow Drive, Suite 310, Greenwood Village, Colorado 80111

II. RELATED APPEALS, INTERFERENCES, AND JUDICIAL PROCEEDINGS

There are no other appeals, interferences, or judicial proceedings which will directly affect or be directly affected by or have a bearing on the Board's decision in this appeal.

III. STATUS OF CLAIMS

A. Total Number of Claims in Application

There are 86 claims pending in application.

B. Current Status of Claims

1. Claims canceled: None
2. Claims withdrawn from consideration but not canceled: 12-23
3. Claims pending: 1-86
4. Claims allowed: None
5. Claims rejected: 1-11 and 24-86

C. Claims On Appeal

The claims on appeal are claims 1-11 and 24-86

IV. STATUS OF AMENDMENTS

A Final Office Action rejecting the claims of the present application was mailed May 31, 2006. In response, Applicant did not file an Amendment After Final Rejection, but instead filed a Notice of Appeal (on August 28, 2006), which this brief supports. Accordingly, the claims on appeal are those as rejected in the Final Office Action of May 31, 2006. A complete listing of the claims is provided in the Claims Appendix hereto.

V. SUMMARY OF CLAIMED SUBJECT MATTER

The following provides a concise explanation of the subject matter defined in each of the separately argued claims involved in the appeal, referring to the specification by page and line number and to the drawings by reference characters, as required by 37 C.F.R. § 41.37(c)(1)(v). Each element of the claims is identified by a corresponding reference to the specification and drawings where applicable. It should be noted that the citation to passages in the specification and drawings for each claim element does not imply that the limitations from the specification and drawings should be read into the corresponding claim element.

According to one claimed embodiment, such as that of independent claim 1, a computer implemented method of repricing an electronically received reimbursement claim under at least one contract is provided. The method comprises providing programming code for converting each contract (e.g., the contract of FIGURE 9) into a plurality of terms and a contract identifier code, each term, of the plurality of terms, containing qualification codes, calculation codes and at least two priority notes, and arranging the plurality of terms, of said contract, into a sequential series of terms (*see e.g.*, page 4, line 11 – page 5, line 9, page 9, line 10 – page 11, line 17, and page 13, line 20 – page 14, line 10 of the specification). The method further comprises providing programming code for converting the reimbursement claim into a series of claim lines, each claim line containing a claim code, a unit number and a corresponding charge (*see e.g.*, page 11, line 18 – page 12, line 5 of the specification). The method further comprises providing programming code for sequentially comparing each claim code, of the series of claim lines, against each qualification code, of the plurality of terms and when a claim code, of a claim line, is substantially equal to a qualification code, of a term, identifying said term as a matching term

associated to said claim line (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification). The method further comprises providing programming code for determining any priority conditions associated to all of the matching terms, and eliminating any matching terms that are excluded by said priority conditions; and providing programming code for determining a reimbursement amount for the claim by processing the calculation codes of the non-eliminated matching terms (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

In certain embodiments, such as that of dependent claim 4, the step of sequentially comparing further includes: when a claim code, of a claim line, is substantially equal to a qualification code of a term, programming code for identifying the pre-defined section in which the term is categorized under as a governing pre-defined section for said claim line (*see e.g.*, page 22, line 5 – page 26, line 30 of the specification); programming code for sequentially comparing the claim code of said claim line, only against the qualification codes, of each term categorized under said governing pre-defined section (*see e.g.*, page 22, line 5 – page 26, line 30 of the specification); and when the claim code of said claim line is substantially equal to a qualification code, of a term categorized under said governing pre-defined section, programming code for identifying said term as a matching term associated to said claim line (*see e.g.*, page 22, line 5 – page 26, line 30 of the specification).

In certain embodiments, such as that of dependent claim 5, the step of determining the reimbursement amount includes: programming code for determining a reimbursement charge for each claim line associated to a non-eliminated matching term (*see e.g.*, page 22, line 5 – page 26, line 30 of the specification); and programming code for adding the reimbursement charges for said claim lines, whereby the reimbursement amount for the claim is the addition of the reimbursement charges (*see e.g.*, page 22, line 5 – page 26, line 30 of the specification).

In certain embodiments, such as that of dependent claim 6, when a priority note, of a non-eliminated matching term, indicates that the calculation codes, of said non-eliminated matching term, apply to the entire claim, programming code for making the reimbursement amount for the claim equal to the reimbursement charge for the claim line associated to said non-eliminated matching term (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

In certain embodiments, such as that of dependent claim 9, the method further includes programming code for comparing the claim identifier code, against the contract identifier code, of each contract, and when the claim identifier code is substantially equal to a contract identifier code, of a contract, identifying said contract as a governing contract, wherein the repricing of said claim is repriced only against said governing contract (*see e.g.*, page 5, lines 1-10 and page 22, line 5 – page 26, line 30 of the specification).

In certain embodiments, such as that of dependent claim 10, the step of repricing the claim against said governing contract further includes when at least two contracts are identified as governing contracts, programming code for repricing said claim against each governing contract creating a list of governing reimbursement amounts (*see e.g.*, page 5, lines 1-10 and page 22, line 5 – page 26, line 30 of the specification).

In certain embodiments, such as that of dependent claim 11, the method further comprises programming code for determining a lowest governing reimbursement amount, of the list of governing reimbursement amounts, wherein the lowest governing reimbursement amount is the reimbursement amount of said claim (*see e.g.*, page 22, line 5 – page 26, line 30 of the specification).

According to another claimed embodiment, such as that of independent claim 24, an article of manufacture comprises a computer usable medium having computer readable program code embodied therein for repricing a reimbursement claim against at least one contract (e.g., the contract of FIGURE 9), said claim containing a claim identifier, a plurality of claim lines and a total charge, said contract containing a contract identifier and a plurality of contractual terms (*see e.g.*, page 4, line 11 – page 5, line 9, page 9, line 10 – page 11, line 17, and page 13, line 20 – page 14, line 10 of the specification). The computer readable program code means in the article of manufacture comprises computer readable program code means for causing a computer to generate a rate sheet which represents a contract, of the at least one contract, the rate sheet containing one or more rate terms that represent the contractual terms of said contract, and containing a rate identifier code that represents the contract identifier of said contract (*see e.g.*, page 4, line 11 – page 5, line 9, page 9, line 10 – page 12, line 5, and page 13, line 20 – page 14, line 10 of the specification); computer readable program code means for causing a computer to

generate the claim, the claim having a claim identifier codes and a series of claim lines, each claim line including a claim code, a unit number and a code charge; computer readable program code means for causing a computer to reprice the claim against a rate sheet, and to generate and assign a reimbursement amount to said repriced claim (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification); and computer readable program code means for causing a computer to graphically display the reimbursement amount of the repriced claim, and a difference between the total charge of the claim and the reimbursement amount of the repriced claim (*see e.g.*, FIGURES 24 and 26).

According to another claimed embodiment, such as that of independent claim 40, a computer implemented method for repricing a reimbursement claim under at least one contract (e.g., the contract of FIGURE 9), (1) each claim containing at least one claim line, each claim line being defined by claim codes, a unit number and a corresponding charge (*see e.g.*, page 11, line 18 – page 12, line 5 of the specification), and (2) each contract containing at least one contractual term, each contractual term being defined by qualification codes, calculation codes (*see e.g.*, page 4, line 11 – page 5, line 9, page 9, line 10 – page 11, line 17, and page 13, line 20 – page 14, line 10 of the specification) is provided. The method for repricing comprises comparing each claim code, of the claim, against each qualification code, of each contractual term, of a contract; when a qualification code, of a contractual term, is satisfied by a claim code, of a claim line, identifying said contractual term as a matching contractual term associated to said claim line, and creating a list of all matching contractual terms (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification); determining any priority conditions associated to the matching contractual terms, and eliminating any matching contractual terms, from said list of matching terms that are excluded by said priority conditions (*see e.g.*, page 18, line 21 – page 26, line 30 of the specification); and determining a reimbursement charge for each claim line associated to a non-eliminated matching term, and adding the reimbursement charges for said claim lines, wherein the reimbursement amount for the claim is the addition of said reimbursement charges (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

According to another claimed embodiment, such as that of independent claim 53, an article of manufacture comprises a computer usable medium having computer readable program

code embodied therein for configuring a contract (e.g., the contract of FIGURE 9), containing contractual terms, for repricing a reimbursement claim is provided. The computer readable program code means in the article of manufacture comprises computer readable program code means for causing a computer to generate a rate sheet representing the contractual terms of said contract, the rate sheet containing identifier codes, and one or more rate terms (*see e.g.*, page 13, line 20 – page 18, line 20 of the specification); computer readable program code means for causing a computer to arrange the rate terms in a sequential series of terms (*see e.g.*, page 4, line 11 – page 5, line 9, page 9, line 10 – page 11, line 17, and page 13, line 20 – page 14, line 10 of the specification); and computer readable program code means for graphically conveying the rate sheet by displaying the sequential series of terms in an English language representation (*see e.g.*, FIGURE 20).

According to another claimed embodiment, such as that of independent claim 60, a method for electronically representing a reimbursement contract (e.g., the contract of FIGURE 9) between an insurer and a service provider comprises generating information, stored to computer-readable medium, representing at least one term of said reimbursement contract (*see e.g.*, page 13, line 20 – page 18, line 20 of the specification); and associating, with said at least one term, information, stored to computer-readable medium, representing at least one qualifier having a corresponding calculation method, wherein the at least one qualifier identifies at least one condition to be satisfied by a claim for reimbursement in order to trigger the corresponding calculation method (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

In certain embodiments, such as that of dependent claim 61, the generated information represents a plurality of terms of said reimbursement contract, and the method further comprises associating, with each of said plurality of terms, information, stored to computer-readable medium, representing a priority of such term relative to the other terms (*see e.g.*, page 18, line 21 – page 20, line 20 of the specification).

In certain embodiments, such as that of dependent claim 62, if the corresponding at least one qualifier for multiple ones of the plurality of terms is satisfied by said claim, the priority information is usable to determine the term having the highest priority (*see e.g.*, page 18, line 21 – page 22, line 5 of the specification).

In certain embodiments, such as that of dependent claim 63, the corresponding calculation method for the satisfied at least one qualifier of the term determined to have the highest priority is triggered for computing a reimbursement amount for the claim (*see e.g.*, page 20, line 21 – page 22, line 5 of the specification).

In certain embodiments, such as that of dependent claim 64, the method comprises associating, with said at least one term, information, stored to computer-readable medium, representing a plurality of different qualifiers that each have a different calculation method associated therewith, wherein each of the different qualifiers identifies a different condition to be satisfied by a claim for reimbursement in order to trigger its respective associated calculation method (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

According to another claimed embodiment, such as that of independent claim 65, computer-executable software code stored to a computer-readable medium comprises code for defining at least one term of a contract (e.g., the contract of FIGURE 9) for reimbursement by an insurer (*see e.g.*, page 13, line 20 – page 18, line 20 of the specification); and code for associating with the at least one term a qualification having a corresponding calculation method, wherein the qualification identifies when a received claim for reimbursement qualifies for reimbursement, under the term with which the qualification is associated, according to the corresponding calculation method (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

In certain embodiments, such as that of dependent claim 69, the computer-executable software code further comprises code for receiving information about a claim submitted for reimbursement; code for determining whether said first term and its associated first qualification are satisfied by said claim; code for determining whether said first term and its associated second qualification are satisfied by said claim; code for computing a reimbursement amount for said claim according to the first calculation method if said claim satisfies said first term and its associated first qualification; and code for computing a reimbursement amount for said claim according to the second calculation method if said claim satisfies said first term and its associated second qualification (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

According to another claimed embodiment, such as that of independent claim 71, computer-executable software code stored to a computer-readable medium comprises code for generating a user interface providing a phrase describing a term of a contract (e.g., the contract of FIGURE 9) for reimbursement, wherein said phrase includes at least one input field for receiving input from a user (*see e.g.*, examples of FIGURES 14-18); and code for generating information, stored to computer-readable medium, representing said at least one term of said reimbursement contract based at least in part on information input to said at least one input field (*see e.g.*, page 13, line 20 – page 18, line 20 of the specification).

According to another claimed embodiment, such as that of independent claim 79, computer-executable software code stored to a computer-readable medium comprises code for defining terms of a contract (e.g., the contract of FIGURE 9) for reimbursement by an insurer (*see e.g.*, page 13, line 20 – page 18, line 20 of the specification); and code for generating output presenting at least one phrase describing the terms of the defined contract for reimbursement (*see e.g.*, FIGURE 20).

In certain embodiments, such as that of dependent claim 80, the code for defining said terms of said contract comprise code for associating, with each of the terms, a qualification having a corresponding calculation method, wherein the qualification identifies when a received claim for reimbursement qualifies for reimbursement, under the term with which the qualification is associated, according to the corresponding calculation method (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

According to another claimed embodiment, such as that of independent claim 82, a method for generating an electronic representation of a contract (e.g., the contract of FIGURE 9) for reimbursement is provided. The method comprises receiving, by a processor-based device, input identifying at least one term of said reimbursement contract (*see e.g.*, page 13, line 20 – page 18, line 20 of the specification); for each of the at least one term, receiving, by said processor-based device, input identifying at least one qualification that specifies at least one condition to be satisfied in a claim for the claim to qualify for reimbursement according to the corresponding contract term (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification); and for each of the at least one qualification, receiving, by said processor-based device, input

identifying a corresponding calculation method (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

According to another claimed embodiment, such as that of independent claim 84, a method for determining a reimbursement amount for a claim comprises defining a reimbursement contract (e.g., the contract of FIGURE 9) in computer-executable program code stored to a computer-readable medium, where said definition of said reimbursement contract includes information associating at least one term of the contract with at least one qualifier having a corresponding calculation method (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification); receiving into a processor-based device, information about a claim received for reimbursement; and said processor-based device determining a reimbursement amount for the claim based at least in part on the defined reimbursement contract (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

VI. GROUNDS OF REJECTION TO BE REVIEWED ON APPEAL

Claims 1-11 and 24-86 are rejected under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 5,704,044 issued to Tarter et al. (hereinafter “*Tarter*”) in view of U.S. Patent No. 5,191,522 issued to Bosco et al. (hereinafter “*Bosco*”).

VII. ARGUMENT

Appellant respectfully traverses the outstanding rejections of the pending claims, and requests that the Board reverse the outstanding rejections in light of the remarks contained herein. The claims do not stand or fall together. Instead, Appellant presents separate arguments for various independent and dependent claims. Each of these arguments is separately argued below and presented with separate headings and sub-heading as required by 37 C.F.R. § 41.37(c)(1)(vii).

A. Claim Rejections Under 35 U.S.C. § 103(a)

Claims 1-11 and 24-86 are rejected under 35 U.S.C. § 103(a) as being unpatentable over *Tarter* in view of *Bosco*. Appellant respectfully traverses this rejection as provided below.

To establish a *prima facie* case of obviousness, three basic criteria must be met. *See* M.P.E.P. § 2143. First, there must be some suggestion or motivation, either in the references themselves or in the knowledge generally available to one of ordinary skill in the art, to combine reference teachings. Second, there must be a reasonable expectation of success. Finally, the combination of references must teach or suggest all the claim limitations. Without conceding any other criteria, Appellant respectfully asserts that the applied combination of references does not teach or suggest all the limitations of claims 1-11 and 24-86.

Independent Claim 1 and Dependent Claims 2-3

Independent claim 1 recites:

A computer implemented method of repricing an electronically received reimbursement claim under at least one contract comprising: providing programming code for converting each contract into a plurality of terms and a contract identifier code, each term, of the plurality of terms, containing qualification codes, calculation codes and at least two priority notes, and arranging the plurality of terms, of said contract, into a sequential series of terms;
providing programming code for converting the reimbursement claim into a series of claim lines, each claim line containing a claim code, a unit number and a corresponding charge;
providing programming code for sequentially comparing each claim code, of the series of claim lines, against each qualification code, of the plurality of terms and when a claim code, of a claim line, is substantially equal to a qualification code, of a term, identifying said term as a matching term associated to said claim line,
providing programming code for determining any priority conditions associated to all of the matching terms, and eliminating any matching terms that are excluded by said priority conditions; and
providing programming code for determining a reimbursement amount for the claim by processing the calculation codes of the non-eliminated matching terms.

As discussed hereafter, the applied combination of references fails to teach or suggest at least i) “providing programming code for converting each contract into a plurality of terms and a contract identifier code, each term, of the plurality of terms, containing qualification codes, calculation codes and at least two priority notes, and arranging the plurality of terms, of said contract, into a sequential series of terms”, ii) “providing programming code for sequentially comparing each claim code, of the series of claim lines, against each qualification code, of the

plurality of terms and when a claim code, of a claim line, is substantially equal to a qualification code, of a term, identifying said term as a matching term associated to said claim line”, and iii) “providing programming code for determining any priority conditions associated to all of the matching terms, and eliminating any matching terms that are excluded by said priority conditions; and providing programming code for determining a reimbursement amount for the claim by processing the calculation codes of the non-eliminated matching terms.” Thus, the rejection of claim 1 should fall.

i) providing programming code for converting each contract into a plurality of terms and a contract identifier code, each term, of the plurality of terms, containing qualification codes, calculation codes and at least two priority notes, and arranging the plurality of terms, of said contract, into a sequential series of terms

First, independent claim 1 recites, in part, “providing programming code for converting each contract into a plurality of terms and a contract identifier code, each term, of the plurality of terms, containing qualification codes, calculation codes and at least two priority notes, and arranging the plurality of terms, of said contract, into a sequential series of terms”. The Examiner appears to rely upon *Tarter* as teaching this element. Specifically, the Office Action mailed August 3, 2005 asserts that column 15, lines 7-65 of *Tarter* teaches this element, *see* item 6(A) on Page 3 of the August 3, 2005 Office Action. However, as discussed further below, the relied upon portion of *Tarter* in no way teaches or suggests the above element of claim 1. For example, there is no mention of qualification codes, calculation codes, or priority notes in the relied upon portion of *Tarter*. Additionally, the relied upon portion of *Tarter* further fails to teach or suggest “arranging the plurality of terms, of said contract, into a sequential series of terms”.

Column 15, lines 7-65 of *Tarter*, which the Examiner appears to rely upon as teaching the above element of claim 1, provides that:

CHARMS efficiently converts collateralizable assets – in this case receivables – into cash, forecasts cash flow needs, and matches them to available funding sources at competitive market interest rates. ... CHARMS provides the means to obtain the funds needed to purchase the account receivables through

securitization, (i.e., borrowing the money and using the receivables as collateral). CHARMS provides for the securitization of the receivables as follows. CHARMS provides the means for the purchase by the System Operator of all of the adjudicated and approved third party receivables from the contracted service providers. CHARMS utilizes historical third party payment data and standardized ratings of the relevant payors and obligors to present rating agencies a conventional underwriting package that will be very easy to rate. Once a rating is established, a broad range of highly competitive markets will be available in which to obtain funding.

The relied upon portion of *Tarter* in no way teaches or suggests the above element of claim 1. For instance, *Tarter* does not teach or suggest “providing programming code for converting each contract into a plurality of terms and a contract identifier code, each term, of the plurality of terms, containing qualification codes, calculation codes and at least two priority notes” (emphasis added). For example, there is no mention of qualification codes, calculation codes, or priority notes in the relied upon portion of *Tarter*. Additionally, the relied upon portion of *Tarter* further fails to teach or suggest “arranging the plurality of terms, of said contract, into a sequential series of terms”.

In response to the above arguments, the Final Office Action first goes into great detail regarding whether it is appropriate to combine the teachings of *Tarter* and *Bosco*, essentially arguing that sufficient motivation exists for the combination, *see* item D) on pages 4-6 of the Final Office Action. Appellant respectfully notes that while the Examiner may be questioning whether sufficient motivation exists for the applied combination, Appellant has not raised this argument. Instead, Appellant maintains that even if the references are properly combined, they fail to teach or suggest at least the above-identified element of claim 1.

The Final Office Action further appears to address the above arguments by asserting in item E) on pages 7-8 thereof that *Bosco* teaches the above-identified element of claim 1. Appellant respectfully disagrees. *Bosco* is directed to an “integrated information storage processing and reporting system for processing and supervising a plurality of group insurance accounts” that “was constructed with a single enterprise-wide relational data base.” Abstract of *Bosco*. “The system provides sales, underwriting, administration and actuarial functions through integrated program-controlled data processing systems specific for each function and communicating with a group insurance account data bank.” *Id.* *Bosco* provides no teaching or

suggestion of programming code for converting contracts into a plurality of terms and a contract identifier code, where each term contains qualification codes, calculation codes and at least two priority notes. Further, *Bosco* fails to teach or suggest arranging the plurality of terms into a sequential series of terms.

Bosco appears to disclose a database for storing information, which may be managed via SQL computer language, *see* col. 21, lines 42-49 of *Bosco*. However, *Bosco* does not teach or suggest that the database contains programming code for converting contracts into a plurality of terms, as recited by claim 1. Further, *Bosco* appears to disclose that program modules may be provided for each of four different functions: 1) sales, underwriting, administration, and actuarial, *see* col. 21, line 50 – col. 22, line 67 of *Bosco*. However, none of the program modules are operable to convert contracts into a plurality of terms, as recited by claim 1. The Final Office Action notes on page 8 thereof that the module 73 of *Bosco* calculates rates for both new and renewal business. Indeed, col. 24, lines 1-2 of *Bosco* states that module 73 calculates rates for both new and renewal business. However, this fails appears irrelevant, as *Bosco* does not teach or suggest that module 73 converts contracts into a plurality of terms and a contract identifier code, wherein each term contains qualification codes, calculation codes and at least two priority notes, nor does *Bosco* teach or suggest that module 73 arranges the plurality of terms of a contract into a sequential series of terms, as recited by claim 1.

Because this element of claim 1 is not taught or suggested by the applied combination, the rejection of claim 1 should be overturned.

ii) providing programming code for sequentially comparing each claim code, of the series of claim lines, against each qualification code, of the plurality of terms and when a claim code, of a claim line, is substantially equal to a qualification code, of a term, identifying said term as a matching term associated to said claim line

Additionally, claim 1 further recites “providing programming code for sequentially comparing each claim code, of the series of claim lines, against each qualification code, of the plurality of terms and when a claim code, of a claim line, is substantially equal to a qualification code, of a term, identifying said term as a matching term associated to said claim line”. The

Office Action of August 3, 2005 relies upon *Tarter* as teaching this element. Specifically, the August 3, 2005 Office Action asserts that Col. 13, line 44 to Col. 15, line 39 of *Tarter* teaches this element, *see* item 6(A) on Page 3 of the Office Action. Appellant respectfully disagrees for the below reasons.

The relied upon portion of *Tarter* describes “Transaction Processing” in which:

On a daily basis, CHARMS summarizes and prepares records of all transactions. At the end of daily processing, CHARMS initiates a series of funds transfer transactions for all approved claims that have been marked for purchase. In one embodiment of the present invention, CHARMS credits the pharmacy's designated bank account through the existing ACH system in accordance with the agreed upon discounting schedule and debits the SPV's funding account. Col. 13, lines 44-51.

Thus, in this manner, CHARMS initiates a series of funds transfer transactions (to credit the pharmacy's designated bank account) for all approved claims that have been marked for purchase. The relied upon portion of *Tarter* further teaches “Funds Collection” in which:

Upon the establishment of a relationship between the System Operator and a newly subscribing service provider, notice is sent to all relevant payors that all future payments and supporting data for approved claims should be sent directly to the System Operator. CHARMS directs payors to make payments directly to an SPV lock box account. CHARMS monitors the compliance of the payors with their contracted payment terms to insure both the accuracy and timing of the funds flow. FIG. 46. Using pre-defined protocols that are constantly tuned to achieve the most effective payment results, CHARMS provides the means to systematically contact payors and obligors when timely payment has not been received. Col. 14, lines 24-36.

Thus, payments are made from payors to an SPV lock box account under monitoring of CHARMS. The relied upon portion of *Tarter* further teaches “Funds Management and Reconciliation” in which:

On a daily basis CHARMS provides for at least the following cash management functions: (1) the purchase of new service provider receivables; (2) the collection of payments from payors; and (3) the funding or redeeming of market securities. CHARMS processes RAs as they are received along with payments from payors. CHARMS then reconciles previously retained claims against data received in these RAs, uses pre defined parameters to determine

disposition, and identifies, reports, and stores any exceptions in an exception database file

Thus, CHARMS provides the fund management and reconciliation services. The relied upon portion of *Tarter* further teaches “Receivables Securitization” in which:

CHARMS provides the means to obtain the funds needed to purchase the account receivables through securitization, (i.e., borrowing the money and using the receivables as collateral). CHARMS provides for the securitization of the receivables as follows. CHARMS provides the means for the purchase by the System Operator of all of the adjudicated and approved third party receivables from the contracted service providers. CHARMS utilizes historical third party payment data and standardized ratings of the relevant payors and obligors to present rating agencies a conventional underwriting package that will be very easy to rate. Once a rating is established, a broad range of highly competitive markets will be available in which to obtain funding. Col. 15, lines 25-39.

Thus, CHARMS provides the ability to purchase account receivables through securitization.

However, the relied upon portion of *Tarter* in no way teaches or suggests “providing programming code for sequentially comparing each claim code, of the series of claim lines, against each qualification code, of the plurality of terms and when a claim code, of a claim line, is substantially equal to a qualification code, of a term, identifying said term as a matching term associated to said claim line”. For instance, *Tarter* does not teach or suggest comparing each claim code of a series of claim lines against a qualification code. Further, *Tarter* does not teach or suggest identifying a term as a matching term associated to the claim line when a claim code of the claim line is substantially equal to the qualification code. These actions are completely absent from the relied upon teaching of *Tarter*.

Additionally, it appears that *Bosco* is not relied upon as teaching or suggesting this further element of claim 1, nor does it do so. To the extent that the Examiner contends that *Bosco* discloses this element, Appellant respectfully notes that while *Bosco* discloses certain program modules, it does not teach or suggest that any of the program modules compare each claim code of a series of claim lines against a qualification code, nor does it teach or suggest that any of the program modules identify a term as a matching term associated to the claim line when

a claim code of the claim line is substantially equal to the qualification code. For instance, while the module 73 is mentioned in *Bosco* as calculating rates for both new and renewal business, *Bosco* provides no teaching or suggestion of the module 73 performing the actions recited in the above element of claim 1.

Thus, because this further element of claim 1 is not taught or suggested by the applied combination, the rejection of claim 1 should be overturned.

iii) providing programming code for determining any priority conditions associated to all of the matching terms, and eliminating any matching terms that are excluded by said priority conditions; and providing programming code for determining a reimbursement amount for the claim by processing the calculation codes of the non-eliminated matching terms

Further still, claim 1 also recites “providing programming code for determining any priority conditions associated to all of the matching terms, and eliminating any matching terms that are excluded by said priority conditions; and providing programming code for determining a reimbursement amount for the claim by processing the calculation codes of the non-eliminated matching terms.” The Office Action of August 3, 2005 concedes that *Tarter* fails to teach or suggest these elements of claim 1, but asserts that these elements are found in *Bosco*. Particularly, the August 3, 2005 Office Action relies upon Col. 9, lines 1-68 and Col. 19, line 58 to Col. 20, line 68 as teaching or suggesting the above elements of claim 1, *see* page 4 of the Office Action. Appellant respectfully disagrees.

In Col. 9, lines 1-67, *Bosco* defines various Case Subject Entities, Case Subject Minor Tables, Claim Subject Entities, and Claim Subject Entities Minor Tables. These definitions fail to teach or suggest the above elements of claim 1. For instance, the definitions fail to teach or suggest “programming code for determining any priority conditions associated to all of the matching terms, and eliminating any matching terms that are excluded by said priority conditions”. Further, the definitions fail to teach or suggest “programming code for determining a reimbursement amount for the claim by processing the calculation codes of the non-eliminated matching terms.”

Col. 19, line 58 to Col. 20, line 68 of *Bosco* describes that:

Referring to FIG. 1, the Case subject describes a complete plan of insurance for a client at a point in time. The Case subject is comprised of entities that identify (1) basic case descriptive information, including activity history and coverages available; (2) policy level information, including participant details, in-force (selected) coverages, and billing information; and (3) producer information that identifies the relationships between producers (agents, TPA's broker/dealers) and coverages to provide commission and commission split details for the coverage of each case.

...

The Claim subject concerns requests from a participant for reimbursement for an incurred procedure or loss. This subject contains information about claims tracked to the benefit level. Relationships from the Case Subject indicate the policy under which a claim is filed. Relationships from the Client Subject identify the claimant. The claim information, including relationships from the Case and Client Subjects, enable the validation of claims and the analysis of losses.

...

The Coverage Subject contains rules and options that define and describe Group products marketed by the Enterprise, which include plans of insurance and related insurance services. The Coverage Subject contains all the business elements necessary to define the coverages and services that comprise a group product that may be offered in a case; in other words, the Coverage Subject establishes what may be sold, and the Case Subject represents instances of actual sold products (or sold "packages" of products). Key entities are Coverage Category (Medical, Life, Dental, Long Term Care, Disability Income, AD&D), Coverage (Coverage Category further qualified by Coverage Type, such as Basic, Comprehensive, Supplemental, etc) and Funding Method (Fully Insured, Stop Loss, Admin Services Only, Minimum Premium Plan).

Every product sold by the Enterprise is defined in terms of Coverage and Funding Method. For each Coverage there are various Provisions, which describe eligibility and benefit criteria and include optional established default values (e.g., Deductible amount, \$50 or \$100). For each Funding Method there are various Services that are group insurance business functions necessary to administer each product (e.g., Claims Processing, Loss Reporting). For both each Coverage and Funding Method there are specific Conditions that define certain rules and restrictions for the Funding Method and quantify them for the Coverage (e.g., Aggregate Stop Loss Attachment Point, Life=\$100,000, Medical=\$250,000).

The above portions of *Bosco* do not teach or suggest "programming code for determining any priority conditions associated to all of the matching terms, and eliminating any matching terms that are excluded by said priority conditions". That is, this relied upon portion of *Bosco* does not teach or suggest programming code that executes to determine priority conditions and

eliminate matching terms that are excluded by the priority conditions. Further, the above portions of *Bosco* fail to teach or suggest “programming code for determining a reimbursement amount for the claim by processing the calculation codes of the non-eliminated matching terms.” That is, *Bosco* does not teach or suggest programming code that executes to determine a reimbursement amount for a claim by processing calculation codes of non-eliminated matching terms of a contract.

Further, as mentioned above, *Bosco* discloses certain program modules. However, *Bosco* does not teach or suggest that any of its program modules performs the above-recited actions. While *Bosco* mentions, for example, that module 73 calculates rates for both new and renewal business (see col. 24, lines 1-2 of *Bosco*), *Bosco* does not teach or suggest that module 73 performs the above-recited actions. For instance, *Bosco* does not teach or suggest that any of the program modules (including module 73) provides “programming code for determining any priority conditions associated to all of the matching terms, and eliminating any matching terms that are excluded by said priority conditions”. Further, *Bosco* does not teach or suggest that any of the program modules (including module 73) provides “programming code for determining a reimbursement amount for the claim by processing the calculation codes of the non-eliminated matching terms.”

In view of the above, the applied combination of *Tarter* and *Bosco* fails to teach or suggest each and every element of independent claim 1. As such, independent claim 1 is not obvious under 35 U.S.C. § 103(a) over *Tarter* in view of *Bosco*. Therefore, Appellant respectfully requests that this rejection of claim 1 be overturned.

Claims 2-3 each depend from independent claim 1, and are thus likewise believed to be allowable at least based on their dependency from claim 1 for the reasons discussed above. Accordingly, Appellant respectfully requests that the rejection of claims 2-3 also be overturned.

Dependent Claim 4

Dependent claim 4 depends indirectly from claim 1, and thus inherits all of the limitations of claim 1 in addition to its own supplied limitations. It is respectfully submitted that

dependent claim 4 is allowable at least because of its dependence from claim 1 for the reasons discussed above.

Claim 4 further recites:

The computer implemented method of claim 3 wherein the step of sequentially comparing further includes:

when a claim code, of a claim line, is substantially equal to a qualification code of a term, programming code for identifying the pre-defined section in which the term is categorized under as a governing pre-defined section for said claim line; programming code for sequentially comparing the claim code of said claim line, only against the qualification codes, of each term categorized under said governing pre-defined section; and

when the claim code of said claim line is substantially equal to a qualification code, of a term categorized under said governing pre-defined section, programming code for identifying said term as a matching term associated to said claim line.

The applied combination of *Tarter* and *Bosco* further fails to teach or suggest these further elements of claim 4. For instance, while *Bosco* discloses program modules, it fails to teach or suggest that the program modules perform the actions recited above in claim 4. Thus, for this further reason, the rejection of claim 4 should be overturned.

Dependent Claim 5

Dependent claim 5 depends from claim 4, and thus inherits all of the limitations of claim 4 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 5 is allowable at least because of its dependence from claim 4 for the reasons discussed above.

Claim 5 further recites:

The computer implemented method of claim 4 wherein the step of determining the reimbursement amount includes:

programming code for determining a reimbursement charge for each claim line associated to a non-eliminated matching term; and

programming code for adding the reimbursement charges for said claim lines, whereby the reimbursement amount for the claim is the addition of the reimbursement charges.

The applied combination of *Tarter* and *Bosco* further fails to teach or suggest these further elements of claim 5. For instance, while *Bosco* discloses program modules, it fails to teach or suggest that the program modules perform the actions recited above in claim 5. Thus, for this further reason, the rejection of claim 5 should be overturned.

Dependent Claims 6-8

Dependent claim 6 depends from claim 5, and thus inherits all of the limitations of claim 5 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 6 is allowable at least because of its dependence from claim 5 for the reasons discussed above.

Claim 6 further recites:

The computer implemented method of claim 5 wherein when a priority note, of a non-eliminated matching term, indicates that the calculation codes, of said non-eliminated matching term, apply to the entire claim, programming code for making the reimbursement amount for the claim equal to the reimbursement charge for the claim line associated to said non-eliminated matching term.

The applied combination of *Tarter* and *Bosco* further fails to teach or suggest these further elements of claim 6. For instance, while *Bosco* discloses program modules, it fails to teach or suggest that the program modules perform the actions recited above in claim 6. Thus, for this further reason, the rejection of claim 6 should be overturned.

Claims 7-8 each depend from claim 6, and are thus likewise believed to be allowable at least based on their dependency from claim 6 for the reasons discussed above. Accordingly, Appellant respectfully requests that the rejection of claims 7-8 also be overturned.

Dependent Claim 9

Dependent claim 9 depends from claim 8, which depends indirectly from claim 6, and thus claim 9 inherits all of the limitations of claim 6 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 9 is allowable at least because of its dependence from claim 6 for the reasons discussed above.

Claim 9 further recites:

The computer implemented method of claim 8 further including:
programming code for comparing the claim identifier code, against the contract identifier code, of each contract, and when the claim identifier code is substantially equal to a contract identifier code, of a contract, identifying said contract as a governing contract, wherein the repricing of said claim is repriced only against said governing contract.

The applied combination of *Tarter* and *Bosco* further fails to teach or suggest these further elements of claim 9. For instance, while *Bosco* discloses program modules, it fails to teach or suggest that the program modules perform the actions recited above in claim 9. Thus, for this further reason, the rejection of claim 9 should be overturned.

Dependent Claim 10

Dependent claim 10 depends from claim 9, and thus inherits all of the limitations of claim 9 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 10 is allowable at least because of its dependence from claim 9 for the reasons discussed above.

Claim 10 further recites:

The computer implemented method of claim 9 wherein the step of repricing the claim against said governing contract further includes:
when at least two contracts are identified as governing contracts,
programming code for repricing said claim against each governing contract
creating a list of governing reimbursement amounts.

The applied combination of *Tarter* and *Bosco* further fails to teach or suggest these further elements of claim 10. For instance, while *Bosco* discloses program modules, it fails to teach or suggest that the program modules perform the actions recited above in claim 10. Thus, for this further reason, the rejection of claim 10 should be overturned.

Dependent Claim 11

Dependent claim 11 depends from claim 10, and thus inherits all of the limitations of claim 10 in addition to its own supplied limitations. It is respectfully submitted that dependent

claim 11 is allowable at least because of its dependence from claim 10 for the reasons discussed above.

Claim 11 further recites:

The computer implemented method of claim 10 further comprising:
programming code for determining a lowest governing reimbursement amount, of the list of governing reimbursement amounts, wherein the lowest governing reimbursement amount is the reimbursement amount of said claim.

The applied combination of *Tarter* and *Bosco* further fails to teach or suggest these further elements of claim 11. For instance, while *Bosco* discloses program modules, it fails to teach or suggest that the program modules perform the actions recited above in claim 11. Thus, for this further reason, the rejection of claim 11 should be overturned.

Independent Claim 24 and Dependent Claims 25-39

Independent claim 24 recites, in part, “computer readable program code means for causing a computer to generate a rate sheet which represents a contract, of the at least one contract, the rate sheet containing one or more rate terms that represent the contractual terms of said contract, and containing a rate identifier code that represents the contract identifier of said contract”. The Office Action of August 3, 2005 relies upon *Tarter* as teaching or suggesting this element of claim 24. Particularly, the August 3, 2005 Office Action relies upon Col. 13, line 44 to Col. 14, line 65 as teaching or suggesting the above element of claim 24, *see* page 8 of the Office Action.

As described above, this portion of *Tarter* teaches “Transaction Processing,” “Funds Collection,” and “Funds Management and Reconciliation”. This portion of *Tarter* does not teach or suggest computer readable program code causing a computer to generate a rate sheet which represents a contract, of the at least one contract, the rate sheet containing one or more rate terms that represent the contractual terms of the contract, and containing a rate identifier code that represents the contract identifier of the contract. Thus, the rejection over *Tarter* is improper.

The Final Office Action asserts that *Bosco* discloses program modules. However, *Bosco* fails to teach or suggest any program module that is operable to generate a rate sheet which

represents a contract, the rate sheet containing one or more rate terms that represent the contractual terms of the contract, and containing a rate identifier code that represents the contract identifier of the contract. While module 73 of *Bosco* is mentioned as being operable to calculate rates for both new and renewal business, *Bosco* does not teach or suggest that module 73 generates a rate sheet representing a contract, which contains one or more rate terms and a rate identifier, as recited by the above element of claim 24.

Claim 24 further recites “computer readable program code means for causing a computer to generate the claim, the claim having a claim identifier codes and a series of claim lines, each claim line including a claim code, a unit number and a code charge”. The August 3, 2005 Office Action relies upon Col. 15, line 7 to Col. 16, line 31 of *Tarter* as teaching or suggesting this element, *see* page 8 of the Office Action. As described above, this portion of *Tarter* teaches “Receivables Securitization.” This in no way teaches or suggests generating a claim having a claim identifier codes and a series of claim lines with each claim line including a claim code, unit number and code charge. Thus, the rejection over *Tarter* is improper.

The Final Office Action asserts that *Bosco* discloses program modules. However, *Bosco* fails to teach or suggest any program module that is operable to generate a claim having a claim identifier codes and a series of claim lines, each claim line including a claim code, a unit number and a code charge. While module 73 of *Bosco* is mentioned as being operable to calculate rates for both new and renewal business, *Bosco* does not teach or suggest that module 73 generates a claim as recited by the above element of claim 24.

Claim 24 further recites “computer readable program code means for causing a computer to reprice the claim against a rate sheet, and to generate and assign a reimbursement amount to said repriced claim”. The Office Action of August 3, 2005 relies upon Col. 15, line 7 to Col. 16, line 31 of *Tarter* as teaching or suggesting this element, *see* page 8 of the Office Action. As described above, this portion of *Tarter* teaches “Receivables Securitization.” This in no way teaches or suggests generating repricing a claim against a rate sheet and generating and assigning a reimbursement amount to a repriced claim. More particularly, the “Receivables Securitization” taught by *Tarter* in no way teaches or suggests repricing a claim against a rate sheet. Thus, the rejection over *Tarter* is improper.

Bosco is not relied upon as teaching or suggesting this element, nor does it do so. For instance, while *Bosco* mentions program modules, it fails to teach or suggest that any of its program modules reprice a claim against a rate sheet to generate and assign a reimbursement amount to the repriced claim.

Claim 24 further recites “computer readable program code means for causing a computer to graphically display the reimbursement amount of the repriced claim, and a difference between the total charge of the claim and the reimbursement amount of the repriced claim.” The Office Action of August 3, 2005 relies upon Col. 9, lines 1-67 and Col. 19, line 58 to Col. 20, line 68 of *Bosco* as teaching or suggesting this element. The relied upon portion of *Bosco* fails to teach or suggest graphically displaying a reimbursement amount of a repriced claim and a difference between the total charge of the claim and the reimbursement amount of the repriced claim. Thus, the rejection over *Bosco* is improper.

In view of the above, the applied combination of *Tarter* and *Bosco* fails to teach or suggest each and every element of independent claim 24. As such, independent claim 24 is not obvious under 35 U.S.C. § 103(a) over *Tarter* in view of *Bosco*. Accordingly, Appellant respectfully requests that the rejection of claim 24 be overturned.

Claims 25-39 each depend from independent claim 24, and are thus likewise believed to be allowable at least based on their dependency from claim 24 for the reasons discussed above. Accordingly, Appellant respectfully requests that the rejection of claims 25-39 also be overturned.

Independent Claim 40 and Dependent Claims 41-52

Independent claim 40 recites, in part, “comparing each claim code, of the claim, against each qualification code, of each contractual term, of a contract”. The Office Action of August 3, 2005 asserts, at page 15 thereof, that *Tarter* teaches or suggests this element at Col. 13, line 44 to Col. 15, line 39. However, the relied upon portion of *Tarter* in no way teaches or suggests this element of claim 40. As described above, this portion of *Tarter* describes “Transaction Processing,” “Funds Collection,” “Funds Management and Reconciliation,” and “Receivables

Securitization.” The relied upon portion of *Tarter* in no way teaches or suggests “comparing each claim code, of the claim, against each qualification code, of each contractual term, of a contract”. For instance, *Tarter* does not teach or suggest comparing each claim code of a claim against a qualification code of a term of a contract. This action is completely absent from the relied upon teaching of *Tarter*.

Bosco is not relied upon as teaching or suggesting this element, nor does it do so. For instance, while *Bosco* mentions program modules, it fails to teach or suggest that any of its program modules compares each claim code of a claim against each qualification code, of each contractual term, of a contract.

Further, claim 40 recites “when a qualification code, of a contractual term, is satisfied by a claim code, of a claim line, identifying said contractual term as a matching contractual term associated to said claim line, and creating a list of all matching contractual terms”. The Office Action of August 3, 2005 asserts that *Tarter* further teaches or suggests this element of claim 40, particularly relying upon Col. 13, line 44 to Col. 14, line 67, *see* page 15 of the Office Action. As mentioned above, this portion of *Tarter* in no way teaches or suggests using a qualification code of a contractual term, and it certainly fails to teach or suggest identifying a contractual term as a matching term associated to the claim line when the qualification code is satisfied by a claim code. Nor does this portion of *Tarter* teach or suggest creating a list of all matching contractual terms. There is simply no hint whatsoever of such a list being created in the relied upon portion of *Tarter*. *Bosco* is not relied upon as teaching or suggesting this element, nor does it do so.

Independent claim 40 further recites “determining any priority conditions associated to the matching contractual terms, and eliminating any matching contractual terms, from said list of matching terms that are excluded by said priority conditions”. The Office Action of August 3, 2005 asserts that *Bosco* teaches or suggests this element of claim 40, particularly relying upon Col. 9, lines 1-67 and Col. 19, line 58 to Col. 20 line 68, *see* page 15 of the Office Action. As discussed further below, the relied upon portion of *Bosco* fails to teach or suggest this element. Particularly, the relied-upon portion of *Bosco* provides no teaching or suggestion as to determining priority conditions associated with matching contractual terms, nor does it teach or

suggest eliminating any matching contractual terms from a list of matching terms based on the priority conditions.

In Col. 9, lines 1-67, *Bosco* defines various Case Subject Entities, Case Subject Minor Tables, Claim Subject Entities, and Claim Subject Entities Minor Tables. These definitions fail to teach or suggest the above element of claim 40. For instance, the definitions fail to teach or suggest “determining any priority conditions associated to the matching contractual terms, and eliminating any matching contractual terms, from said list of matching terms that are excluded by said priority conditions”.

Col. 19, line 58 to Col. 20, line 68 of *Bosco* describes that:

Referring to FIG. 1, the Case subject describes a complete plan of insurance for a client at a point in time. The Case subject is comprised of entities that identify (1) basic case descriptive information, including activity history and coverages available; (2) policy level information, including participant details, in-force (selected) coverages, and billing information; and (3) producer information that identifies the relationships between producers (agents, TPA's broker/dealers) and coverages to provide commission and commission split details for the coverage of each case.

...

The Claim subject concerns requests from a participant for reimbursement for an incurred procedure or loss. This subject contains information about claims tracked to the benefit level. Relationships from the Case Subject indicate the policy under which a claim is filed. Relationships from the Client Subject identify the claimant. The claim information, including relationships from the Case and Client Subjects, enable the validation of claims and the analysis of losses.

...

The Coverage Subject contains rules and options that define and describe Group products marketed by the Enterprise, which include plans of insurance and related insurance services. The Coverage Subject contains all the business elements necessary to define the coverages and services that comprise a group product that may be offered in a case; in other words, the Coverage Subject establishes what may be sold, and the Case Subject represents instances of actual sold products (or sold "packages" of products). Key entities are Coverage Category (Medical, Life, Dental, Long Term Care, Disability Income, AD&D), Coverage (Coverage Category further qualified by Coverage Type, such as Basic, Comprehensive, Supplemental, etc) and Funding Method (Fully Insured, Stop Loss, Admin Services Only, Minimum Premium Plan).

Every product sold by the Enterprise is defined in terms of Coverage and Funding Method. For each Coverage there are various Provisions, which describe

eligibility and benefit criteria and include optional established default values (e.g., Deductible amount, \$50 or \$100). For each Funding Method there are various Services that are group insurance business functions necessary to administer each product (e.g., Claims Processing, Loss Reporting). For both each Coverage and Funding Method there are specific Conditions that define certain rules and restrictions for the Funding Method and quantify them for the Coverage (e.g., Aggregate Stop Loss Attachment Point, Life=\$100,000, Medical=\$250,000).

The above portions of *Bosco* do not teach or suggest “determining any priority conditions associated to the matching contractual terms, and eliminating any matching contractual terms, from said list of matching terms that are excluded by said priority conditions”. That is, this relied upon portion of *Bosco* does not teach or suggest determining priority conditions and eliminating matching terms from a list of matching terms.

In view of the above, the applied combination of *Tarter* and *Bosco* fails to teach or suggest each and every element of independent claim 40. As such, independent claim 40 is not obvious under 35 U.S.C. § 103(a) over *Tarter* in view of *Bosco*. Therefore, Appellant respectfully requests that this rejection of claim 40 be overturned.

Claims 41-52 each depend from independent claim 40, and are thus likewise believed to be allowable at least based on their dependency from claim 40 for the reasons discussed above. Accordingly, Appellant respectfully requests that the rejection of claims 41-52 also be overturned.

Independent Claim 53 and Dependent Claims 54-59

Independent claim 53 recites, in part, “computer readable program code means for causing a computer to generate a rate sheet representing the contractual terms of said contract, the rate sheet containing identifier codes, and one or more rate terms”. The Office Action of August 3, 2005 relies upon *Tarter* as teaching or suggesting this element of claim 53. Particularly, the Office Action relies upon Col. 13, line 44 to Col. 14, line 65 as teaching or suggesting the above element of claim 53, *see* pages 20-21 of the Office Action. As described above, this portion of *Tarter* teaches “Transaction Processing,” “Funds Collection,” and “Funds Management and Reconciliation”. This portion of *Tarter* does not teach or suggest computer readable program code causing a computer to generate a rate sheet representing contractual terms, the rate sheet

containing one or more rate terms and identifier codes. Thus, the rejection over *Tarter* is improper. Further, while *Bosco* discloses program modules, *Bosco* fails to teach or suggest that any of its program modules generate a rate sheet representing contractual terms, where the rate sheet contains one or more rate terms and identifier codes. Thus, the combination of *Tarter* and *Bosco* fails to teach or suggest at least this element of claim 53.

Claim 53 further recites “computer readable program code means for causing a computer to arrange the rate terms in a sequential series of terms”. The Office Action of August 3, 2005 relies upon *Bosco*, particularly Col. 9, lines 1-67 and Col. 19, line 58 to Col. 20, line 68, as teaching or suggesting this element, *see* page 21 of the Office Action. However, the relied upon portion of *Bosco* in no way teaches or suggests arranging rate terms in a sequential series of terms. Thus, the combination of *Tarter* and *Bosco* further fails to teach or suggest this element of claim 53.

Claim 53 further recites “computer readable program code means for graphically conveying the rate sheet by displaying the sequential series of terms in an English language representation.”. The Office Action of August 3, 2005 relies upon Col. 9, lines 1-67 and Col. 19, line 58 to Col. 20, line 68 of *Bosco* as teaching or suggesting this element, *see* page 21 of the Office Action. However, the relied upon portion of *Bosco* fails to teach or suggest graphically conveying a rate sheet by displaying a sequential series of terms. Thus, the combination of *Tarter* and *Bosco* further fails to teach or suggest this element of claim 53.

In view of the above, the applied combination of *Tarter* and *Bosco* fails to teach or suggest each and every element of independent claim 53. As such, independent claim 53 is not obvious under 35 U.S.C. § 103(a) over *Tarter* in view of *Bosco*. Therefore, Appellant respectfully requests that this rejection of claim 53 be overturned.

Claims 54-59 each depend from independent claim 53, and are thus likewise believed to be allowable at least based on their dependency from claim 53 for the reasons discussed above. Accordingly, Appellant respectfully requests that the rejection of claims 54-59 also be overturned.

Independent Claim 60

Independent claim 60 recites, in part, “associating, with said at least one term, information, stored to computer-readable medium, representing at least one qualifier having a corresponding calculation method, wherein the at least one qualifier identifies at least one condition to be satisfied by a claim for reimbursement in order to trigger the corresponding calculation method.” The applied combination of *Tarter* and *Bosco* fails to teach or suggest at least this element of claim 60.

Therefore, Appellant respectfully requests that this rejection of claim 60 be overturned.

Dependent Claim 61

Dependent claim 61 depends from claim 60, and thus inherits all of the limitations of claim 60 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 61 is allowable at least because of its dependence from claim 60 for the reasons discussed above.

Claim 61 further recites:

wherein the generated information represents a plurality of terms of said reimbursement contract, further comprising:

associating, with each of said plurality of terms, information, stored to computer-readable medium, representing a priority of such term relative to the other terms.

The applied combination of *Tarter* and *Bosco* further fails to teach or suggest these further elements of claim 61. That is, neither *Tarter* nor *Bosco* teaches or suggests associating with each term information representing a priority of the term relative to other terms. Thus, for this further reason, the rejection of claim 61 should be overturned.

Dependent Claim 62

Dependent claim 62 depends from claim 61, and thus inherits all of the limitations of claim 61 in addition to its own supplied limitations. It is respectfully submitted that dependent

claim 62 is allowable at least because of its dependence from claim 61 for the reasons discussed above.

Claim 62 further recites:

wherein if the corresponding at least one qualifier for multiple ones of the plurality of terms is satisfied by said claim, the priority information is usable to determine the term having the highest priority.

The applied combination of *Tarter* and *Bosco* further fails to teach or suggest this further element of claim 62. For instance, neither *Tarter* nor *Bosco* teaches or suggests using the priority information to determine one of a plurality of terms that is satisfied by a claim which has the highest priority. Thus, for this further reason, the rejection of claim 62 should be overturned.

Dependent Claim 63

Dependent claim 63 depends from claim 62, and thus inherits all of the limitations of claim 62 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 63 is allowable at least because of its dependence from claim 62 for the reasons discussed above.

Claim 63 further recites:

wherein the corresponding calculation method for the satisfied at least one qualifier of the term determined to have the highest priority is triggered for computing a reimbursement amount for the claim.

The applied combination of *Tarter* and *Bosco* further fails to teach or suggest this further element of claim 63. For instance, neither *Tarter* nor *Bosco* teaches or suggests triggering a calculation method for a satisfied term that is determined to have the highest priority in order to compute a reimbursement amount of a claim. Thus, for this further reason, the rejection of claim 63 should be overturned.

Dependent Claim 64

Dependent claim 64 depends from claim 60, and thus inherits all of the limitations of claim 60 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 64 is allowable at least because of its dependence from claim 60 for the reasons discussed above.

Claim 64 further recites:

The method of claim 60 comprising:
associating, with said at least one term, information, stored to computer-readable medium, representing a plurality of different qualifiers that each have a different calculation method associated therewith, wherein each of the different qualifiers identifies a different condition to be satisfied by a claim for reimbursement in order to trigger its respective associated calculation method.

The applied combination of *Tarter* and *Bosco* further fails to teach or suggest this further element of claim 64. For instance, neither *Tarter* nor *Bosco* teaches or suggests associating with a term information representing a plurality of different qualifiers that each have a different calculation method associated therewith, as recited by claim 64. Thus, for this further reason, the rejection of claim 64 should be overturned.

Independent Claim 65 and Dependent Claims 66-68 and 70

Independent claim 65 recites, in part, “code for associating with the at least one term a qualification having a corresponding calculation method, wherein the qualification identifies when a received claim for reimbursement qualifies for reimbursement, under the term with which the qualification is associated, according to the corresponding calculation method.” The applied combination of *Tarter* and *Bosco* fails to teach or suggest at least this element of claim 65. Therefore, Appellant respectfully requests that this rejection of claim 65 be overturned.

Claims 66-68 and 70 each depend from independent claim 65, and are thus likewise believed to be allowable at least based on their dependency from claim 65 for the reasons discussed above. Accordingly, Appellant respectfully requests that the rejection of claims 66-68 and 70 also be overturned.

Dependent Claim 69

Dependent claim 69 depends indirectly from claim 65, and thus inherits all of the limitations of claim 65 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 69 is allowable at least because of its dependence from claim 65 for the reasons discussed above.

Claim 69 further recites:

The computer-executable software code of claim 68 further comprising:
code for receiving information about a claim submitted for reimbursement;
code for determining whether said first term and its associated first qualification are satisfied by said claim;
code for determining whether said first term and its associated second qualification are satisfied by said claim;
code for computing a reimbursement amount for said claim according to the first calculation method if said claim satisfies said first term and its associated first qualification; and
code for computing a reimbursement amount for said claim according to the second calculation method if said claim satisfies said first term and its associated second qualification.

The applied combination of *Tarter* and *Bosco* further fails to teach or suggest these further elements of claim 69. For instance, neither *Tarter* nor *Bosco* teaches or suggests first and second qualifications, code for determining whether a term and its associated first or second qualification are satisfied by a claim, or code for computing a reimbursement amount according to a calculation method corresponding to a satisfied one of the first and second qualifications. Thus, for this further reason, the rejection of claim 69 should be overturned.

Independent Claim 71 and Dependent Claims 72-78

Independent claim 71 recites, in part, “code for generating a user interface providing a phrase describing a term of a contract for reimbursement, wherein said phrase includes at least one input field for receiving input from a user”. The applied combination of *Tarter* and *Bosco* fails to teach or suggest at least this element of claim 71. Therefore, Appellant respectfully requests that this rejection of claim 71 be withdrawn.

Claims 72-78 each depend from independent claim 71, and are thus likewise believed to be allowable at least based on their dependency from claim 71 for the reasons discussed above. Accordingly, Appellant respectfully requests that the rejection of claims 72-78 also be overturned.

Independent Claim 79 and Dependent Claim 81

Independent claim 79 recites, in part, “code for generating output presenting at least one phrase describing the terms of the defined contract for reimbursement.” The applied combination of *Tarter* and *Bosco* fails to teach or suggest at least this element of independent claim 79. Therefore, Appellant respectfully requests that this rejection of claim 79 be overturned.

Claim 81 depends from independent claim 79, and is thus likewise believed to be allowable at least based on its dependency from claim 79 for the reasons discussed above. Accordingly, Appellant respectfully requests that the rejection of claim 81 also be overturned.

Dependent Claim 80

Dependent claim 80 depends from claim 79, and thus inherits all of the limitations of claim 79 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 80 is allowable at least because of its dependence from claim 79 for the reasons discussed above.

Claim 80 further recites:

The computer-executable software code of claim 79 wherein the code for defining said terms of said contract comprise:

code for associating, with each of the terms, a qualification having a corresponding calculation method, wherein the qualification identifies when a received claim for reimbursement qualifies for reimbursement, under the term with which the qualification is associated, according to the corresponding calculation method.

The applied combination of *Tarter* and *Bosco* further fails to teach or suggest this further element of claim 80. For instance, neither *Tarter* nor *Bosco* teaches or suggests associating with each term a qualification having a corresponding calculation method, as recited by claim 80. Thus, for this further reason, the rejection of claim 80 should be overturned.

Independent Claim 82 and Dependent Claim 83

Independent claim 82 recites, in part, “for each of the at least one term, receiving, by said processor-based device, input identifying at least one qualification that specifies at least one condition to be satisfied in a claim for the claim to qualify for reimbursement according to the corresponding contract term”. The applied combination of *Tarter* and *Bosco* fails to teach or suggest at least this element of independent claim 82. Therefore, Appellant respectfully requests that this rejection of claim 82 be overturned.

Claim 83 depends from independent claim 82, and is thus likewise believed to be allowable at least based on its dependency from claim 82 for the reasons discussed above. Accordingly, Appellant respectfully requests that the rejection of claim 83 also be overturned.

Independent Claim 84 and Dependent Claims 85-86

Independent claim 84 recites, in part, “defining a reimbursement contract in computer-executable program code stored to a computer-readable medium, where said definition of said reimbursement contract includes information associating at least one term of the contract with at least one qualifier having a corresponding calculation method”. The applied combination of *Tarter* and *Bosco* fails to teach or suggest at least this element of independent claim 84. Therefore, Appellant respectfully requests that this rejection of claim 84 be overturned.

Claims 85-86 each depend from independent claim 84, and are thus likewise believed to be allowable at least based on their dependency from claim 84 for the reasons discussed above. Accordingly, Appellant respectfully requests that the rejection of claims 85-86 also be overturned.

Conclusion

In view of the above, Appellant requests that the board overturn the outstanding rejections of claims 1-11 and 24-86. Attached hereto are a Claims Appendix, Evidence Appendix, and Related Proceedings Appendix. As noted in the attached Evidence Appendix, no evidence pursuant to §§ 1.130, 1.131, or 1.132 or entered by or relied upon by the examiner is being submitted. Also, as noted by the Related Proceedings Appendix, no related proceedings are referenced in II above, and thus no copies of decisions in related proceedings are provided.

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Date of Deposit: October 30, 2006

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VIII. CLAIMS APPENDIX

Claims Involved in the Appeal of Application Serial No. 09/577,386

1. A computer implemented method of repricing an electronically received reimbursement claim under at least one contract comprising: providing programming code for converting each contract into a plurality of terms and a contract identifier code, each term, of the plurality of terms, containing qualification codes, calculation codes and at least two priority notes, and arranging the plurality of terms, of said contract, into a sequential series of terms;
providing programming code for converting the reimbursement claim into a series of claim lines, each claim line containing a claim code, a unit number and a corresponding charge;
providing programming code for sequentially comparing each claim code, of the series of claim lines, against each qualification code, of the plurality of terms and when a claim code, of a claim line, is substantially equal to a qualification code, of a term, identifying said term as a matching term associated to said claim line,
providing programming code for determining any priority conditions associated to all of the matching terms, and eliminating any matching terms that are excluded by said priority conditions; and
providing programming code for determining a reimbursement amount for the claim by processing the calculation codes of the non-eliminated matching terms.
2. The computer implemented method of claim 1 wherein the programming code for determining any priority conditions include: programming code for categorizing the terms, of the sequential series of terms, into pre-defined sections, wherein the pre-defined sections have a hierarchy that lists a pre-defined section having priority over another pre-defined section prior to said other pre-defined section.
3. The computer implemented method of claim 2 wherein the programming code for determining any priority conditions further include:
programming code for arranging the terms, within each pre-defined section, by a reverse hierarchy, which sequential lists a term, having priority over another term, subsequent to said other term.

4. The computer implemented method of claim 3 wherein the step of sequentially comparing further includes:

when a claim code, of a claim line, is substantially equal to a qualification code of a term, programming code for identifying the pre-defined section in which the term is categorized under as a governing pre-defined section for said claim line;

programming code for sequentially comparing the claim code of said claim line, only against the qualification codes, of each term categorized under said governing pre-defined section; and

when the claim code of said claim line is substantially equal to a qualification code, of a term categorized under said governing pre-defined section, programming code for identifying said term as a matching term associated to said claim line.

5. The computer implemented method of claim 4 wherein the step of determining the reimbursement amount includes:

programming code for determining a reimbursement charge for each claim line associated to a non-eliminated matching term; and

programming code for adding the reimbursement charges for said claim lines, whereby the reimbursement amount for the claim is the addition of the reimbursement charges.

6. The computer implemented method of claim 5 wherein when a priority note, of a non-eliminated matching term, indicates that the calculation codes, of said non-eliminated matching term, apply to the entire claim, programming code for making the reimbursement amount for the claim equal to the reimbursement charge for the claim line associated to said non-eliminated matching term.

7. The computer implemented method of claim 6 wherein when a term, indicates that the calculation codes, of said term, apply to the reimburse amount of the claim, the method further including:

programming code for determining the reimbursement amount of said claim; and

when the qualifications of said term are satisfied, programming code for re-calculating the reimbursement amount based upon the calculation codes of said term.

8. The computer implemented method of claim 7 wherein the step of converting the claim further includes the step of programming code for associating the claim to a claim identifier code.

9. The computer implemented method of claim 8 further including:
programming code for comparing the claim identifier code, against the contract identifier code, of each contract, and when the claim identifier code is substantially equal to a contract identifier code, of a contract, identifying said contract as a governing contract, wherein the repricing of said claim is repriced only against said governing contract.

10. The computer implemented method of claim 9 wherein the step of repricing the claim against said governing contract further includes:

when at least two contracts are identified as governing contracts, programming code for repricing said claim against each governing contract creating a list of governing reimbursement amounts.

11. The computer implemented method of claim 10 further comprising:
programming code for determining a lowest governing reimbursement amount, of the list of governing reimbursement amounts, wherein the lowest governing reimbursement amount is the reimbursement amount of said claim.

12.-23. (Withdrawn)

24. An article of manufacture comprising:

a computer usable medium having computer readable program code embodied therein for repricing a reimbursement claim against at least one contract, said claim containing a claim identifier, a plurality of claim lines and a total charge, said contract containing a contract identifier and a plurality of contractual terms, the computer readable program code means in the article of manufacture comprising:

computer readable program code means for causing a computer to generate a rate sheet which represents a contract, of the at least one contract, the rate sheet containing one or more rate terms that represent the contractual terms of said contract, and containing a rate identifier code that represents the contract identifier of said contract;

computer readable program code means for causing a computer to generate the claim, the claim having a claim identifier codes and a series of claim lines, each claim line including a claim code, a unit number and a code charge;

computer readable program code means for causing a computer to reprice the claim against a rate sheet, and to generate and assign a reimbursement amount to said repriced claim; and

computer readable program code means for causing a computer to graphically display the reimbursement amount of the repriced claim, and a difference between the total charge of the claim and the reimbursement amount of the repriced claim.

25. The article of manufacture of claim 24, wherein the computer readable program code means for causing a computer to generate a rate sheet further includes: computer readable program code means for causing a computer to assign qualification codes, calculation codes and at least one priority note to each rate term, and to arrange said rate terms into a sequential series of terms.

26. The article of manufacture of claim 25, wherein the computer readable program code means for causing a computer to generate a rate sheet further includes: computer readable program code means for causing a computer to graphically convey the rate sheet by displaying the sequential series of terms in an English language representation.

27. The article of manufacture of claim 26, wherein the computer readable program code means for causing a computer to generate a rate sheet further includes:

computer readable program code means to generate and display each rate term as a English language paragraph with a series of data entry panels interspersed in the paragraph, the data entry panels prompting a user to define the calculation codes, qualification codes and priority codes for each rate term.

28. The article of manufacture of claim 27, wherein the computer readable program code means for repricing the claim against a rate sheet further includes: computer readable program code means causing a computer to sequentially compare each claim code, included in the series of claim lines, against each qualification code, of each rate term; and

when a claim code, of a claim line, is substantially equal to a qualification code, of a rate term, the computer readable program code means causing a computer to identify said rate term as a matching rate term associated to said claim line;

computer readable program code means causing a computer to determine any priority conditions associated to the matching rate terms and to eliminate any matching rate terms that are excluded by said priority conditions defining a series of remaining matching rate terms; and

computer readable program code means causing a computer to compute the reimbursement amount from the calculation codes of the remaining matching rate terms.

29. The article of manufacture of claim 28, wherein the computer readable program code means for causing a computer to generate a rate sheet further includes: computer readable program code means to categorize the rate terms, of the rate sheet, in pre-defined sections, the pre-defined sections have a hierarchy sequence that assigns priority conditions to the rate terms categorized therein.

30. The article of manufacture of claim 29, wherein the article of manufacture further includes:

computer readable program code means causing a computer to assign priority conditions to the priority codes of the rate terms categorized within one of the predefined sections, said priority conditions defining a priority sequence of said rate terms.

31. The article of manufacture of claim 30, wherein the computer readable program code means for causing a computer to sequentially compare each claim code further includes:

when a claim code, of a claim line, is substantially equal to a qualification code, of a rate term, the computer readable program code means causing a computer to identify the pre-defined section in which the rate term is categorized under as a governing pre-defined section for said claim line;

computer readable program code means causing a computer to sequentially compare the claim code of said claim line, against only the qualification codes, of each rate term categorized under said governing pre-defined section; and

when the claim code of said claim line is substantially equal to a qualification code, of a term categorized under said governing pre-defined section, the computer readable program code means causing a computer to identify said term as a matching term associated to said claim line.

32. The article of manufacture of claim 31, wherein the article of manufacture further includes:

computer readable program code means causing a computer to compare the claim identifier against the rate identifier code and to identify a rate sheet as a governing rate sheet which has a rate identifier code substantially equal to the claim identifier; and

computer readable program code means causing a computer to reprice the claim only against a governing rate sheet.

33. The article of manufacture of claim 32, wherein the article of manufacture further includes:

when at least two rate sheets are identified as governing rate sheets, computer readable program code means causing a computer to reprice the claim against each governing rate sheet and to create a list of governing reimbursement amounts.

34. The article of manufacture of claim 33, wherein the article of manufacture further includes:

computer readable program code means causing a computer to receive an input from an user to direct the computer to assign either the highest or lowest governing reimbursement amount, from the list of governing reimbursement amounts, as the reimbursement amount of the repriced claim.

35. The article of manufacture of claim 34, wherein the article of manufacture further includes:

computer readable program code means for causing a computer to store in a repriced claim storage location a repriced claim along with the reimbursement amount of said repriced claim, said repriced claim includes the claim identifier code and claim lines associated to said repriced claim.

36. The article of manufacture of claim 35, wherein the article of manufacture further includes:

computer readable program code means for causing a computer to compare the claim identifier code, of a claim, against the claim identifier code, of each repriced claim, stored in the repriced claim storage location;

when the claim identifier code, of said claim, is substantially equal to the claim identifier code, of a repriced claim, the computer readable program code means causing a computer to combine the claim lines of said claim with the claim lines of said repriced claim to create a bundled claim; and

computer readable program code means for causing a computer to reprice the bundled claim and rewrite said repriced claim with the repriced bundled claim.

37. The article of manufacture of claim 36, wherein the article of manufacture further includes:

computer readable program code means causing a computer to store in a rate sheet storage location the calculation codes, qualification codes and priority codes of a rate sheet.

38. The article of manufacture of claim 37, wherein the article of manufacture further includes:

computer readable program code means causing a computer to store in a claim storage location the claim lines of a claim.

39. The article of manufacture of claim 38, wherein the article of manufacture further includes:

computer readable program code means causing a computer to store in an identifier storage location a plurality of identifier codes substantially equal to the rate identifier codes, of each rate sheet, and the claim identifier codes, of each claim; and

computer readable program code means causing a computer to logically link each claim having a claim identifier code and each rate sheet having a rate identifier code that are substantially equal to a single identifier code, of the plurality of identifier codes; and

computer readable program code means causing a computer to receive inputs from a user, said inputs to cause the computer to access the identifier storage location and to change an identifier code, of the plurality of identifier codes, whereby each claim and each rate sheet logically linked to said identifier code is automatically changed.

40. A computer implemented method for repricing a reimbursement claim under at least one contract, (1) each claim containing at least one claim line, each claim line being defined by claim codes, a unit number and a corresponding charge, and (2) each contract containing at least one contractual term, each contractual term being defined by qualification codes, calculation codes, the method for repricing comprising:

comparing each claim code, of the claim, against each qualification code, of each contractual term, of a contract;

when a qualification code, of a contractual term, is satisfied by a claim code, of a claim line, identifying said contractual term as a matching contractual term associated to said claim line, and creating a list of all matching contractual terms;

determining any priority conditions associated to the matching contractual terms, and eliminating any matching contractual terms, from said list of matching terms that are excluded by said priority conditions; and

determining a reimbursement charge for each claim line associated to a non-eliminated matching term, and adding the reimbursement charges for said claim lines, wherein the reimbursement amount for the claim is the addition of said reimbursement charges.

41. The computer implemented method of claim 40 further comprising:
storing each contract on a network contract storage location, the network storage location containing a plurality of contract sets, each contract set associated to a set identifier, each contract further including a contract identifier and a set identifier, wherein each contract containing a set identifier substantially equal to a set identifier of a contract set, is stored within said contract set;

identifying each claim with a set identifier and a claim identifier;
comparing the set identifier of a claim against the set identifier, of each contract set, when the set identifier of a claim is substantially equal to the set identifier of a contract set, identifying said contract set as a governing contract set;
comparing the claim identifier of said claim against the contract identifiers of each contract, stored within said governing contract set, and when the claim identifier of said claim is substantially equal to the contract identifier of a contract, stored within said governing contract set, identifying said contract as a governing contract; and

determining the reimbursement amount of said claim only against said governing contract.

42. The computer implemented method of claim 41 wherein the priority conditions further includes:

categorizing the contractual terms, of each contract, into a set of sequentially listed pre-defined sections, wherein the pre-defined sections have a hierarchy that lists a pre-defined section, having priority over other pre-defined sections, before said other pre-defined sections.

43. The computer implemented method of claim 42 wherein the priority conditions further includes:

arranging the contractual terms, categorized in each pre-defined section, in a reverse hierarchy, wherein a contractual term having priority over other contractual terms is listed subsequent said other contractual terms.

44. The computer implemented method of claim 43, wherein the computer readable program code means for causing a computer to sequentially compare each claim code further includes:

when a claim code, of a claim line, is substantially equal to a qualification code, of a contractual term, the computer readable program code means causing a computer to identify the pre-defined section in which the contractual term is categorized under as a governing pre-defined section for said claim line;

computer readable program code means causing a computer to sequentially compare the claim code of said claim line, against only the qualification codes, of each contractual term categorized under said governing pre-defined section; and

when the claim code of said claim line is substantially equal to a qualification code, of a term categorized under said governing pre-defined section, the computer readable program code means causing a computer to identify said contractual term as a matching contractual term associated to said claim line.

45. The computer implemented method of claim 44 wherein the priority conditions include a claim priority condition which eliminates any matching contractual terms that is listed in a pre-defined section that is excluded by the claim priority condition.

46. The computer implemented method of claim 45 wherein when one of the priority notes associated to a matching contractual term indicates that said matching contractual term reprices the entire claim, eliminating all other matching contractual terms.

47. The computer implemented method of claim 46 wherein the reverse hierarchy is determined by the priority notes associated to each contractual term, categorized in a pre-defined section.

48. The computer implemented method of claim 47 wherein the step of repricing further includes:

comparing the claim identifier code against the contract identifier code, of each contract, wherein when the claim identifier code is substantially equal to a contract identifier code, of a contract, identifying said contract as a governing contract; and
determining a reimbursement amount of the claim only against the governing contract.

49. The computer implemented method of claim 48 wherein the step determining a reimbursement amount for the claim against the governing contract includes:

when at least two contracts are identified as governing contracts, repricing said claim against each governing contract creating a list of governing reimbursement amounts, wherein the reimbursement amount of said claim is the lowest governing reimbursement amount.

50. The computer implemented method of claim 49 further including:
storing the reimbursement amount of a claim and storing said claim as a repriced claim.

51. The computer implemented method of claim 50 wherein prior to determining the reimbursement amount for a claim the method including: comparing the claim identifier code, of said claim, against the claim identifier codes, of all stored repriced claims;

when the claim identifier code, of said claim is substantially equal to the claim identifier codes, of a stored repriced claim, combining the claim lines of said claim with the claim line of said repriced claim creating a bundled claim;

determining the reimbursement amount of the bundled claim, instead of determining the reimbursement amount of said claim; and

rewriting the reimbursement amount of the stored repriced claim with the reimbursement amount of the bundled claim and rewriting the stored claim with the bundled claim.

52. The computer implemented method of claim 40 further comprising:
tracking the priority conditions associated to the non-eliminated matching terms; and
displaying said priority conditions along with the reimbursement charge of the claim lines associated with said non-eliminated matching terms.

53. An article of manufacture comprising:

a computer usable medium having computer readable program code embodied therein for configuring a contract, containing contractual terms, for repricing a reimbursement claim, the computer readable program code means in the article of manufacture comprising:

computer readable program code means for causing a computer to generate a rate sheet representing the contractual terms of said contract, the rate sheet containing identifier codes, and one or more rate terms;

computer readable program code means for causing a computer to arrange the rate terms in a sequential series of terms; and

computer readable program code means for graphically conveying the rate sheet by displaying the sequential series of terms in an English language representation.

54. The article of manufacture of claim 53, wherein the article of manufacture further includes:

computer readable program code means to generate and display each rate term as a English language paragraph with a series of data entry panels interspersed in the paragraph, the data entry panels prompting a user to define calculation codes, qualification codes and priority codes for each rate term.

55. The article of manufacture of claim 54, where the article of manufacture further includes:

computer readable program code means to categorize the rate terms, of the rate sheet, in pre-defined sections, wherein the pre-defined sections have a pre-defined hierarchy sequence that assigns a priority to the rate terms categorized therein when repricing a claim.

56. The article of manufacture of claim 55, wherein the English language paragraph describes the qualification and calculation of the rate term when repricing a medical reimbursement claim.

57. The article of manufacture of claim 56, wherein the priority codes define a priority sequence to the rate terms within a pre-defined section, of said pre-defined sections.

58. The article of manufacture of claim 57, wherein the article of manufacture further includes:

computer readable program code means to permit a user to edit the calculation codes, qualification codes and priority codes of a rate term of the rate sheet.

59. The article of manufacture of claim 58, wherein the article of manufacture further includes:

computer readable program code means to store a rate sheet, in a data center containing a plurality of networks, each network containing a plurality of rate sheets, similarly configured; and

when the identifier codes of a rate sheet identifier a specific network, of the plurality of networks, the computer readable program code means stores said rate sheet in the specific network.

60. A method for electronically representing a reimbursement contract between an insurer and a service provider, the method comprising:

generating information, stored to computer-readable medium, representing at least one term of said reimbursement contract; and

associating, with said at least one term, information, stored to computer-readable medium, representing at least one qualifier having a corresponding calculation method, wherein the at least one qualifier identifies at least one condition to be satisfied by a claim for reimbursement in order to trigger the corresponding calculation method.

61. The method of claim 60 wherein the generated information represents a plurality of terms of said reimbursement contract, further comprising:

associating, with each of said plurality of terms, information, stored to computer-readable medium, representing a priority of such term relative to the other terms.

62. The method of claim 61 wherein if the corresponding at least one qualifier for multiple ones of the plurality of terms is satisfied by said claim, the priority information is usable to determine the term having the highest priority.

63. The method of claim 62 wherein the corresponding calculation method for the satisfied at least one qualifier of the term determined to have the highest priority is triggered for computing a reimbursement amount for the claim.

64. The method of claim 60 comprising:
associating, with said at least one term, information, stored to computer-readable medium, representing a plurality of different qualifiers that each have a different calculation method associated therewith, wherein each of the different qualifiers identifies a different condition to be satisfied by a claim for reimbursement in order to trigger its respective associated calculation method.

65. Computer-executable software code stored to a computer-readable medium, the computer-executable software code comprising:
code for defining at least one term of a contract for reimbursement by an insurer; and
code for associating with the at least one term a qualification having a corresponding calculation method, wherein the qualification identifies when a received claim for reimbursement qualifies for reimbursement, under the term with which the qualification is associated, according to the corresponding calculation method.

66. The computer-executable software code of claim 65 wherein said code for defining at least one term of a contract comprises code defining a plurality of terms of said contract.

67. The computer-executable software code of claim 65 further comprising:
code for receiving information about a claim submitted for reimbursement; and
code for determining at least one term having a qualification that is satisfied by said claim.

68. The computer-executable software code of claim 65 wherein said code for associating comprises:

code for associating with a first term of said contract a first qualification having a corresponding first calculation method; and

code for associating with said first term of said contract a second qualification having a corresponding second calculation method.

69. The computer-executable software code of claim 68 further comprising:

code for receiving information about a claim submitted for reimbursement;

code for determining whether said first term and its associated first qualification are satisfied by said claim;

code for determining whether said first term and its associated second qualification are satisfied by said claim;

code for computing a reimbursement amount for said claim according to the first calculation method if said claim satisfies said first term and its associated first qualification; and

code for computing a reimbursement amount for said claim according to the second calculation method if said claim satisfies said first term and its associated second qualification.

70. The computer-executable software code of claim 65 further comprising:

code for receiving selection of any one or more attributes of a claim for reimbursement to be used in defining said at least one term of a contract.

71. Computer-executable software code stored to a computer-readable medium, the computer-executable software code comprising:

code for generating a user interface providing a phrase describing a term of a contract for reimbursement, wherein said phrase includes at least one input field for receiving input from a user; and

code for generating information, stored to computer-readable medium, representing said at least one term of said reimbursement contract based at least in part on information input to said at least one input field.

72. The computer-executable software code of claim 71 wherein said contract for reimbursement is a contract for reimbursement by an insurer.

73. The computer-executable software code of claim 71 wherein said phrase includes at least one sentence.

74. The computer-executable software code of claim 71 wherein upon input to said at least one input field, said phrase forms at least one complete sentence.

75. The computer-executable software code of claim 71 wherein said at least one input field includes a drop-down menu providing a plurality of choices for selection of input to such field.

76. The computer-executable software code of claim 71 wherein said code for generating information representing said at least one term of said reimbursement contract comprises:

code for associating, with said at least one term, information, stored to computer-readable medium, representing at least one qualifier having a corresponding calculation method, wherein the at least one qualifier identifies at least one condition to be satisfied by a claim for reimbursement in order to trigger the corresponding calculation method.

77. The computer-executable software code of claim 76 wherein said at least one input field receives information corresponding to at least one of the group consisting of: said at least one qualifier, and said calculation method.

78. The computer-executable software code of claim 71 comprising:
code for generating output presenting at least one phrase describing terms of the represented contract for reimbursement.

79. Computer-executable software code stored to a computer-readable medium, the computer-executable software code comprising:

code for defining terms of a contract for reimbursement by an insurer; and
code for generating output presenting at least one phrase describing the terms of the defined contract for reimbursement.

80. The computer-executable software code of claim 79 wherein the code for defining said terms of said contract comprise:

code for associating, with each of the terms, a qualification having a corresponding calculation method, wherein the qualification identifies when a received claim for reimbursement qualifies for reimbursement, under the term with which the qualification is associated, according to the corresponding calculation method.

81. The computer-executable software code of claim 79 wherein the code for generating output comprises:

code for generating output presenting said at least one phrase, wherein said at least one phrase includes at least one sentence.

82. A method for generating an electronic representation of a contract for reimbursement, the method comprising:

receiving, by a processor-based device, input identifying at least one term of said reimbursement contract;

for each of the at least one term, receiving, by said processor-based device, input identifying at least one qualification that specifies at least one condition to be satisfied in a claim for the claim to qualify for reimbursement according to the corresponding contract term; and

for each of the at least one qualification, receiving, by said processor-based device, input identifying a corresponding calculation method.

83. The method of claim 82 further comprising:

said processor-based device representing each of said at least one term of said reimbursement contract by storing to a computer-readable medium the corresponding at least one qualification for each of the at least one term.

84. A method for determining a reimbursement amount for a claim, comprising:
defining a reimbursement contract in computer-executable program code stored to a computer-readable medium, where said definition of said reimbursement contract includes information associating at least one term of the contract with at least one qualifier having a corresponding calculation method;

receiving into a processor-based device, information about a claim received for reimbursement; and

said processor-based device determining a reimbursement amount for the claim based at least in part on the defined reimbursement contract.

85. The method of claim 84 wherein said reimbursement contract comprises a contract between an insurer and a service provider.

86. The method of claim 84 wherein said claim for reimbursement is a claim by a medical service provider for reimbursement from an insurer for medical services rendered.

IX. EVIDENCE APPENDIX

No evidence pursuant to §§ 1.130, 1.131, or 1.132 or entered by or relied upon by the examiner is being submitted.

X. RELATED PROCEEDINGS APPENDIX

No related proceedings are referenced in II above, and thus no copies of decisions in related proceedings are provided.